Kentucky

Core Program Performance Indicators from the Data Quality Indicator Guide (DQIG) April 2011 MDE Submission, Results from July 2009 - June 2010

Refer to the DQIG Report for additional information on these and other indicators

CORE PROGRAM PERFORMANCE INDICATORS				Kentucky Results		All Programs Combined Results	
Indicator	DQIG	Program Performance Indicator	CDC	Percentage	Standard	Percentage	Standard
Туре	Item		Standard		Met ? *		Met ? *
Screening	6.a.	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	37.8% (1,519/4,021)	YES	28.1% (48,034/170,982)	YES
	19.e.	Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	100.0% (5,546/5,546)	YES	86.6% (287,967/332,392)	YES
Cervical	11.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%	91.1% (51/56)	YES	92.3% (5,804/6,285)	YES
Cancer	16.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	12.0% (6/50)	YES	12.1% (586/4,833)	YES
	17.	Treatment Started for Diagnosis of HSIL, CIN2, CIN3, CIS, Invasive	≥ 90%	93.8% (30/32)	YES	90.5% (3,892/4,300)	YES
Diagnostic	18.d.	HSIL, CIN2, CIN3, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	3.6% (1/28)	YES	9.0% (329/3,643)	YES
Indicators	18.g.	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	0.0% (0/2)	YES	11.2% (27/241)	YES
Breast	20.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%	90.5% (2,028/2,241)	YES	94.8% (105,584/111,405)	YES
Cancer	25.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	12.3% (249/2,028)	YES	8.3% (8,768/105,411)	YES
Diagnostic	26.	Treatment Started for Breast Cancer	≥ 90%	98.2% (54/55)	YES	96.6% (5,139/5,318)	YES
Indicators	27.d.	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	11.8% (6/51)	YES	7.1% (364/5,127)	YES

^{*}For percentages with a denominator ≥ 10 , a one-sided hypothesis test was used in determining if a program failed to meet a DQIG standard.